

Targeted Case Management (TCM)



“ . . . case management services that assist Medi-Cal eligible individuals within a specified target group gain access to needed medical, social, educational and other services.

Case management services ensure that the changing needs of the Medi-Cal eligible person are addressed on an ongoing basis and appropriate choices are provided among the widest array of options for meeting those needs.”

(W&I Code §14132.44)



Prepared by the California Department of Health Services
MCPD/MBB/ACSS (8/00)

Reimbursement of Costs

- Most costs associated with TCM are matched at the federal financial participation (FFP) rate.
- Local Government Agencies (LGAs) must have a current signed TCM Provider Agreement with DHS.



- Payment for TCM services must not duplicate payments made under other program authorities for the same purposes (e.g., home and community-based services waiver).



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TCM Federal Matching Rates



FFY 1996/1997	50.23%
FFY 1997/1998	51.23%
FFY 1998/1999	51.55%
FFY 1999/2000	51.67%

Note: FFY is October through September
SFY is July through June



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Allowable Activities

- Documented assessment of needs
- Written, comprehensive service plan
- Linkage and consultation (follow-up)
- Crisis assistance planning
- Assistance with accessing services (e.g., arranging transportation)
- Periodic evaluation of service effectiveness.
- Do not need to meet the requirements of “statewideness” or “comparability.”



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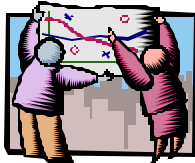
Documented Assessment



Identifying the individual's needs and the selection of activities and assistance necessary to meet those needs. Includes a review of the:

- ☒ medical and/or mental condition,
- ☒ training needs for community living,
- ☒ vocational and educational needs,
- ☒ physical needs (food, clothing),
- ☒ social and/or emotional status;
- ☒ housing/physical environment and
- ☒ familial/social support.

Service Plan Development



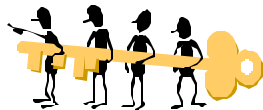
Based upon the assessed needs (and in consultation with the beneficiary), the plan includes:

- ☒ the actions required to meet the identified service needs,
- ☒ the community programs, persons and/or agencies to which the individual will be referred, and
- ☒ a description of the nature, frequency and duration of the activities and strategies to achieve the service outcomes.



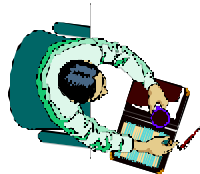
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Linkage and Consultation



Linkage and consultation for the beneficiary and referral to providers of service and placement activities. Requires the case manager to follow-up with the beneficiary and/or provider of service within 30 days of the service to determine whether the services were received and met the needs of the beneficiary.

Assistance with Accessing Services



Assisting the beneficiary in accessing services identified in the service plan, including:

- ☒ arranging appointments and/or transportation to medical, social, educational and other services
- ☒ arranging translation services to facilitate communication between the beneficiary and the case manager, or providers of service.



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Crisis Assistance Planning



Evaluate, coordinate and arrange immediate service or treatment needed in those situations that appear to be emergent in nature or which require immediate attention or resolution in order to avoid, eliminate or reduce a crisis situation. For outpatient clinics, crisis assistance planning is restricted to non-medical situations.

Periodic Review



Periodic reviews by the case manager to re-evaluate the beneficiary's progress toward achieving the objectives identified in the service plan.

- ❶ Completed at least every six months.
- ❷ Conducted by the case manager in consultation with the beneficiary to the extent of the beneficiary's capacity, and/or the beneficiary's family.
- ❸ Approved by case manager's supervisor with any modifications in writing and an addendum to the initial plan of service.



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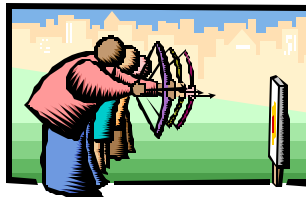
5 Distinct Medi-Cal Target Populations

Public Health

Outpatient Clinics

Linkages

Public Guardian
or Conservator



Adult Probation

Medi-Cal eligible individuals who are:

- High risk
- Have language or other comprehension barriers; are unable to understand medical directions because of language or comprehension barriers or have no community support system to assist in follow-up care at home.
- 18 years of age or older on probation and have a medical/mental condition, have exhibited an inability to handle personal, medical, or other affairs and/or are under conservatorship of person and/or estate or are in frail health and need assistance to access services in order to prevent institutionalization.



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Public Health



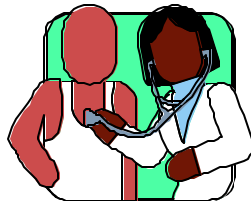
To assist “high risk persons” who have failed to take advantage of necessary health care services or do not comply with their medical regimen or who need coordination of multiple medical, social and other services due to the existence of an unstable medical condition in need of stabilization, substance abuse or because they are victims of abuse, neglect or violence.

- ★ Women, infants, children and young adults to age 21
- ★ Persons with HIV/AIDS
- ★ Persons with reportable communicable diseases
- ★ Pregnant women
- ★ Persons who are technology dependent
- ★ Persons who are medically fragile
- ★ Persons with multiple diagnoses



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Outpatient Clinics



Medi-Cal eligibles in need of outpatient clinic medical services and who need case management in connection with their treatment because they are unable to access or appropriately utilize services themselves, including the following:

- ☞ Persons who have demonstrated non-compliance with their medical regimen
- ☞ Persons who are unable to understand medical directions because of language or other comprehension barriers
- ☞ Persons with no community support system to assist in follow-up care at home
- ☞ Persons who require services from multiple health/social service providers in order to maximize health outcomes



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Linkages



For those Medi-Cal eligible individuals, 18 years or older, in frail health and in need of assistance to access services in order to prevent institutionalization.

Public Guardian or Conservator



Medi-Cal eligible individuals, 18 years or older who have exhibited an inability to handle personal, medical or other affairs, who are under conservatorships of person and/or estate or a representative payee.

Adult Probation



Medi-Cal eligible persons, 18 years or older, on probation who have a medical and/or mental condition and are in need of assistance in accessing and coordination of medical, social and other services.



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To Participate in TCM, an LGA must:

- ☒ Complete TCM participation survey
- ☒ Have a TCM provider agreement
- ☒ Sub-contracts between the "LGA" and other providers
- ☒ Participate in annual TCM Time Survey
- ☒ Annual TCM Cost Report
- ☒ Encounter logs
- ☒ Client case file documentation



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